

Social Context Of Ageing In Matinyani Ward, Kitui County, Kenya

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Abstract

The rising elderly population globally has intensified issues of neglect, abuse, and inadequate care, yet studies in the region often overlook the social context of aging. This study examined the socio-economic concerns, challenges, and support mechanisms of the elderly in Matinyani Ward, Kitui County. A concurrent mixed research design was adopted, with 160 elderly respondents selected through systematic random sampling and 29 key informants purposively chosen. Guided by Cummings and Henry's (1961) disengagement theory, data were collected using questionnaires, focus group discussions, and interviews. Quantitative data were analyzed with SPSS version 26, while qualitative data were thematically analyzed. Findings revealed that gender, family, religion, education, and income significantly influence elderly livelihoods. The aged faced dependency, neglect, abuse, and health complications, with family providing the main source of support (62.5%), followed by NGOs, churches, and other community actors. The study recommends strengthening social support systems, and further research on the experiences of aged women caring for grandchildren.

Keywords: *Aging, Social Context, Elderly, Socio-economic Concerns, Social Support, Matinyani Ward.*

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I. Introduction

Ageing is an inevitable and honourable process in human life, yet it is accompanied by biological, social, and economic challenges. Biologically, ageing is marked by a decline in functional capacity, muscle deterioration, and greater vulnerability to disease and stress [1]. Socially, ageing limits participation in community activities and reshapes family and societal roles. While African societies traditionally view old age as a source of wisdom and authority [2], Western perspectives often associate it with dependency and burden [3].

Globally, the elderly population is rapidly rising. In 2020, there were an estimated one billion people aged 60 years and above, projected to reach two billion by 2050 [4]. Europe is expected to see an increase from 191.1 million elderly in 2020 to 246.7 million in 2050, while Africa's elderly population will grow from 74 million to 235 million in the same period [5]. Low- and middle-income countries are projected to host nearly 67% of the world's elderly by 2050 [6]. Although longevity reflects progress in healthcare, ageing is closely associated with poverty, neglect, isolation, abuse, and disease, particularly in rural areas [7, 8].

Studies in developed countries highlight that elderly persons in rural areas face limited access to healthcare, poor nutrition, stigma, and social exclusion [9, 10]. In Ireland, isolation and loneliness are significant determinants of quality of life [11], while other research has linked malnutrition among the elderly to frailty, poor oral health, and socio-economic deprivation [12]. Sub-Saharan Africa presents similar concerns, with widespread poverty, abuse, and neglect documented in Uganda and Tanzania [13, 14].

Kenyan studies also confirm that the elderly encounter economic hardship, abuse, neglect, and poor health. Gender, education, religion, and income strongly influence ageing experiences, with elderly women being more vulnerable to discrimination and isolation [15–17]. Despite government interventions such as the Older Persons Cash Transfer (OPCT), many elderly persons in rural Kenya continue to experience poverty and inadequate social support [18].

Most existing studies focus on health outcomes of ageing, with limited attention to its broader social context. This gap is particularly evident in rural Kenya, where elderly persons not only face socio-economic challenges but also assume caregiving responsibilities, often for orphaned grandchildren. To address this gap, the present study examined the challenges for the elderly in Matinyani Ward, Kitui County.

II. Materials And Methods

This study examined the social context of ageing in Matinyani Ward, Kitui County. The research was guided by Cummings and Henry's (1961) disengagement theory, which explains ageing as a process of gradual withdrawal from social roles. A concurrent mixed methods research design was adopted to enable collection of both quantitative and qualitative data simultaneously.

The target population consisted of elderly men and women aged 60 years and above, totalling 189 individuals (105 women and 84 men). A sample size of 160 respondents was determined using Kothari's (2004) formula and selected through systematic random sampling. In addition, 29 key informants were purposively sampled, including local administrators, health workers, religious leaders, and NGO representatives.

Data collection methods included questionnaires, focus group discussions, key informant interviews, and direct observation. Questionnaires captured demographic and socio-economic information, while focus group discussions and interviews provided qualitative insights into challenges and support systems. Four focus groups, each comprising 6–8 participants, were conducted.

Quantitative data were analyzed using SPSS version 26, generating descriptive statistics such as frequencies, percentages, and cross-tabulations. Qualitative data were analyzed thematically, with narratives and verbatim quotations used to illustrate findings. Ethical considerations were observed by obtaining informed consent from participants, ensuring confidentiality, and conducting interviews in respectful and culturally appropriate ways.

III. Results

Demographic Results

Out of the 160 elderly respondents, the majority were within the age bracket of 70–79 years, aligning with the study's focus on advanced age groups. Gender distribution showed a higher proportion of women (65.6%) compared to men (34.4%), reflecting the feminization of ageing in rural settings. Most respondents were widowed (54%), with smaller proportions being married (29%), separated (10%), or never married (7%).

Educational attainment was generally low: 68% had only completed primary education, 12% had some secondary education, and 20% had no formal education at all. These findings suggest that low literacy levels may limit financial literacy, decision-making, and access to formal support systems.

Challenges Facing the Elderly

The elderly in Matinyani Ward face multiple challenges. Table 1 summarizes the key concerns raised by respondents.

Table 1: Challenges encountered by the elderly

Challenge	Frequency	Percentage
Abuse	130	81.3%
Poverty	140	87.5%
Neglect/ Isolation	81	50.6%
dependency	150	93.8%
Disease	133	83%

Source: Field Data (2024).

Results from key informants also mirrored similar challenges depicted above. 27 of the 29 key informants identified poverty and dependency as leading challenges facing the aged in rural areas. Mistreatment and abuse were indicated as a challenge by 26 key informants whereas loneliness was identified by 15 key informants followed by 14 key informants and 18 key informants identifying health issues as a challenge. The figure below summarizes findings on challenges as identified by key informants.

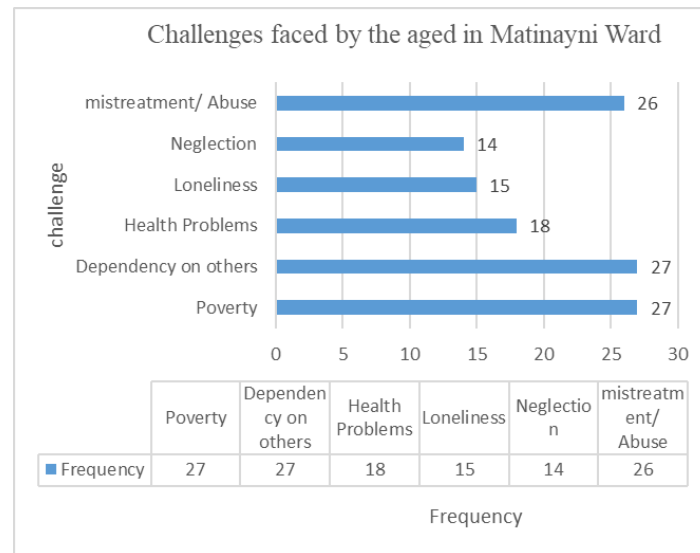


Figure 1: Challenges faced by the aged in rural areas.

IV. Discussion And Conclusions

The results of this study demonstrate that socio-economic factors, including gender, family, religion, education, and income, significantly shape the lives of the elderly in Matinyani Ward. These findings are consistent with Gordon and Hubbard [15], who established that gender influences vulnerability to frailty and isolation in old age. The predominance of widowed women among the respondents also affirms the feminization of ageing reported across Sub-Saharan Africa [2, 3].

The study further revealed that the majority of the elderly in Matinyani Ward lack regular income and are heavily dependent on family members for support. Similar observations were made by Kabole et al. [15], who highlighted the weakening of kinship systems in Kenya, and by Isangula [14], who identified poverty and dependency as critical challenges in rural Tanzania. While family and relatives provided the main source of support in this study, the support was often inadequate and inconsistent due to widespread poverty. The limited role of churches, NGOs, and community organizations underscores the vulnerability of elderly persons in rural areas, as also noted in Uganda and other East African countries [13].

Neglect, abuse, and health complications were found to be common among the elderly in Matinyani Ward. These results resonate with earlier studies in Machakos and Siaya Counties, which revealed that older people frequently experience abuse, food insecurity, and health-related neglect [15, 16]. The abuse reported in this study, particularly of elderly women, reflects broader patterns of gender-based marginalization observed in rural Kenya [16, 17]. Health complications, especially chronic illnesses, further increase dependency and reduce the quality of life, aligning with findings from Fávaro-Moreira et al. [12] that ageing is often accompanied by frailty and malnutrition.

The study therefore concludes that ageing in Matinyani Ward is marked by economic deprivation, social neglect, abuse, and inadequate institutional support. Traditional family-based care remains the primary safety net, but it is increasingly overstretched. Formal interventions such as the Older Persons Cash Transfer (OPCT) remain inadequate, leaving significant gaps in the protection and wellbeing of older persons. In summary, without strengthened social and institutional support systems, the elderly in rural Kenya will remain vulnerable to poverty, dependency, and health challenges.

V. Recommendations

The study recommends that family and community support systems be strengthened since families remain the main caregivers of the elderly in rural areas. Community education programs and intergenerational initiatives should be promoted to enhance respect and responsibility toward older persons. The government should expand and improve the Older Persons Cash Transfer (OPCT) program by increasing coverage, raising the monthly stipend, and ensuring timely and efficient disbursement to reduce poverty and dependency. At the county level, an updated register of the elderly should be established to provide accurate data on their socio-economic and health needs, which would help in designing targeted interventions.

Access to healthcare services for the elderly should be promoted through mobile health clinics, geriatric units, and subsidized medical services in rural areas. Faith-based organizations, NGOs, and community groups should complement family efforts by providing structured support such as food relief, counselling, and social engagement programs to reduce isolation and neglect. Public sensitization campaigns are also necessary to curb

abuse, neglect, and discrimination against elderly persons, particularly women, and to encourage reporting of such cases. Finally, further research should focus on the lived experiences of elderly women caring for grandchildren, paying attention to their coping mechanisms, mental wellbeing, and the intergenerational impact of such caregiving roles.

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